



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Markku Hämäläinen et al.
Application No. : 09/921,496
Filed : August 3, 2001
For : METHOD AND APPARATUS FOR ASSAYING A DRUG
CANDIDATE TO ESTIMATE A PHARMACOKINETIC
PARAMETER ASSOCIATED THEREWITH

Examiner : Christopher L. Chin
Art Unit : 1641
Docket No. : 740073.450C1
Date : March 16, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated December 16, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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03-17-04

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TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/921,496
Filing Date	August 3, 2001
First Named Inventor	Markku Hämmäläinen
Art Unit	1641
Examiner Name	Christopher L. Chin
Attorney Docket No.	740073.450C1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Karl R. Hermanns	Customer Number 00500
Signature		
Date	March 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date:

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